

TRICARE

Behavioral Health Care Services



Please provide feedback on this brochure at
www.tricare.mil/evaluations/feedback.

Behavioral Health Care

TRICARE offers behavioral health care coverage for services that are considered medically necessary. To save on costs, you are encouraged to seek behavioral health care from a military treatment facility (MTF), when available, or from a TRICARE network provider.

Use this guide as an overview of TRICARE-covered behavioral health care services, to help you better understand referral and authorization guidelines, and how to access care where you live.

An Important Note About TRICARE Program Changes

At the time of printing, the information in this brochure is current. It is important to remember that TRICARE policies and benefits are governed by public law. Changes to TRICARE programs are continually made as public law is amended. For the most recent information, contact your regional contractor or TRICARE Service Center.

Special Referral and Authorization Requirements

Referral: The act or instance of referring a beneficiary to another authorized provider for necessary medical or behavioral health care treatment.

Prior Authorization: A decision issued electronically or in writing stating that TRICARE will cover services that have not yet been received. Failure to obtain a prior authorization when required may result in a denial of payment for those services.

Active Duty Service Members

Active duty service members (ADSMs) should always seek care first at an MTF, when available. ADSMs must have a referral from their primary care manager (PCM) and have prior authorization from their regional contractor before seeking any behavioral health care services outside the MTF. If enrolled in TRICARE Prime Remote, you may receive authorization from your service point of contact (SPOC) for civilian behavioral health care. See the back panel of this brochure for SPOC contact information.

TRICARE Prime Beneficiaries (Other than Active Duty Service Members)

If you are enrolled in TRICARE Prime, you may receive the first eight behavioral health care outpatient visits per fiscal year (October 1–September 30) from a TRICARE network provider without a referral from your PCM or prior authorization from your regional contractor. If you obtain services from a non-network provider, the office visit will be covered under the point of service (POS) option, resulting in higher out-of-pocket costs.

After the first eight visits (starting with the ninth visit), your behavioral health care provider must receive prior authorization from your regional contractor,* however PCM referrals are not required if you are non-active-duty status. Additional prior authorization requirements apply for inpatient services, outpatient treatment programs, residential treatment center services, and other services. Refer to your regional contractor's Web site for details.

Note: These rules also apply to you if you are enrolled in TRICARE Prime Remote for Active Duty Family Members (TPRADFM) and the US Family Health Plan.

Beneficiaries Using TRICARE Standard or TRICARE Extra

Under TRICARE Standard and TRICARE Extra, referrals are never required. You may receive your first eight behavioral health outpatient visits per fiscal year without prior authorization. After the first eight visits, your behavioral health care provider must receive prior authorization from your regional contractor.* Additional prior authorization requirements apply for inpatient services, outpatient treatment programs, residential treatment center services, and other services. Refer to your regional contractor's Web site for details.

** Regional Contractors:*

*TRICARE North Region:
Health Net Federal Services, Inc.*

*TRICARE South Region:
Humana Military Healthcare Services, Inc.*

*TRICARE West Region:
TriWest Healthcare Alliance Corp.*

Remember to obtain care only from TRICARE network providers or TRICARE-authorized non-network providers. Obtaining care from a TRICARE network provider will reduce your out-of-pocket expenses.

Dual-Eligible Beneficiaries

If you are using Medicare as your primary payer and TRICARE as secondary payer, you are not required to obtain referrals or prior authorization from TRICARE for inpatient behavioral health care services. However, when your behavioral health care benefits are exhausted under Medicare and TRICARE becomes the primary payer, TRICARE referral and authorization requirements apply. Refer to your regional contractor's Web site for details.

Note: Additional prior authorization requirements are listed in the *Covered Behavioral Health Care Services* section.



Behavioral Health Care Providers

The following types of behavioral health care providers may be authorized providers under TRICARE:

- Psychiatrists
- Clinical psychologists
- Certified psychiatric nurse specialists
- Clinical social workers
- Certified marriage and family therapists with a TRICARE participation agreement
- Pastoral counselors—with physician referral and supervision
- Mental health counselors—with physician referral and supervision
- Licensed professional counselors—with physician referral and supervision

If you are unsure which type of provider would best meet your needs, you can contact your regional contractor for assistance. See pages 12-14 for information about accessing care in your region.

To ensure that your behavioral health care is covered, remember the following:

- If you are taking prescription medications for a behavioral health care condition, you must be under the care of a provider authorized to prescribe those medications. While this can be a primary care provider, it is often preferable to receive psychiatric medication management services from a psychiatrist who is an expert in this area.
- Non-physician behavioral health care providers (e.g., clinical psychologists, clinical social workers, psychiatric nurse specialists, and marriage/family therapists) may deliver covered

Covered Behavioral Health Care Services

services without a physician referral and supervision. Other behavioral health care providers require a referral from an M.D. or D.O., and ongoing supervision. These providers are pastoral counselors, mental health counselors, and licensed professional counselors.

- Your behavioral health care provider is expected to consult with (or refer you to) a physician for evaluation and treatment of physical conditions that may co-exist with or contribute to a behavioral health care condition.

Costs and Fees

Your financial responsibility for behavioral health care services depends on which TRICARE option (TRICARE Prime, TRICARE Standard, etc.) you use. For specific cost information, visit www.tricare.mil/tricarecost or see the *TRICARE: Summary of Beneficiary Costs* brochure. The brochure is available from your regional contractor or local TRICARE Service Center (TSC), or it can be found online at www.tricare.mil/tricaresmart.

TRICARE offers a wide range of coverage for behavioral health care services.

Psychotherapy

TRICARE covers both outpatient and inpatient psychotherapy. Outpatient psychotherapy is limited to a maximum of two sessions per week in any combination of individual, family, collateral, or group sessions, and is not covered if you are an inpatient in an institution. Inpatient psychotherapy is limited to five sessions per week in any combination of individual, family, collateral, or group sessions. The duration and frequency of care is dependent upon medical necessity.

Covered psychotherapy includes:

Family Therapy—Family therapy is directed toward the family as a unit and is based on the assumption that the mental or emotional illness of the patient is related to family interactions. Family therapy could include part of or the entire family and would normally involve the same therapist or treatment team.

Collateral Visits—A collateral visit is not a therapy session or a treatment planning session. It is used to gather information and implement treatment goals. Collateral visits are included as an individual psychotherapy visit and can last up to one hour. They may be combined with another individual or group psychotherapy visit.

Play Therapy—Play therapy is a form of individual psychotherapy used to diagnose and treat children with psychiatric disorders and is covered as an individual psychotherapy session.

Psychoanalysis—Psychoanalysis is covered when provided by a graduate or candidate of a psychoanalytic training institution and requires prior authorization from your regional contractor.

Psychological Testing—Psychological testing and assessment is covered when provided in conjunction with otherwise-covered psychotherapy and is generally limited to six hours per fiscal year.* Psychological testing is not covered under the following circumstances:

- Academic placement
- Job placement
- Child custody disputes
- General screening in the absence of specific symptoms
- Teacher or parental referrals
- Diagnosed specific learning disorders or learning disabilities

Acute Inpatient Psychiatric Care

Acute inpatient psychiatric care may be covered on an emergency or nonemergency basis.

- All nonemergency inpatient admissions require prior authorization from your regional contractor.
- Emergency behavioral health care inpatient admissions should be reported to your regional contractor within 24-72 hours.
- Ongoing authorization is based upon medical necessity reviews.
- Patients ages 19 and older are limited to 30 days per fiscal year.*
- Patients ages 18 and under are limited to 45 days per fiscal year.*

- Inpatient admissions for substance use disorder detoxification and rehabilitation count toward the 30- or 45-day limit.

Partial Hospitalization

Partial hospitalization provides interdisciplinary therapeutic services at least three hours per day, five days per week in any combination of day, evening, night, and weekend treatment programs.

- Requires prior authorization from your regional contractor.
- Facility must be TRICARE-authorized and must agree to participate in TRICARE.
- Limited to 60 treatment days (whether a full- or partial-day treatment) in a fiscal year.* These 60 days are not offset or counted toward the 30- or 45-day inpatient limit.

** Fiscal year is October 1–September 30.*

Residential Treatment Center Care

Residential treatment center care provides extended care for children and adolescents with psychological disorders that require continued treatment in a therapeutic environment.

- Requires prior authorization from your regional contractor.
- Care must be recommended and directed by a psychiatrist or clinical psychologist.
- Facility must be TRICARE-authorized.
- Care is considered elective and will not be covered for emergencies.
- Admission primarily for substance-use rehabilitation is not authorized.

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- Limited to 150 days per fiscal year,* based upon medical necessity reviews.
 - Not available in all overseas locations.

* *Fiscal year is October 1–September 30.*

Substance Use Disorders

A substance use disorder includes alcohol, drug abuse, or dependence. TRICARE may cover services for the treatment of substance use disorders, including detoxification, rehabilitation, and outpatient group and family therapy. **Note:** All treatment for substance use disorders requires prior authorization from your regional contractor.

Detoxification—Covered if the medical necessity is documented. In a diagnosis-related group (DRG)-exempt facility, detoxification services are limited to seven days per year, unless the limit is waived.

Rehabilitation—Limited to one inpatient stay, up to 21 days per benefit period in a DRG-based reimbursement system. Rehabilitation may consist of a combination of inpatient days and partial hospitalization days.

Benefit Period—A substance use disorder treatment benefit period begins with the first date of covered treatment and ends 365 days later. You are allowed three benefit periods in your lifetime.

Outpatient Care—Must be provided by an approved substance use disorder facility in a group setting only. Up to 60 visits per benefit period are covered.

Family Therapy—Outpatient family therapy is covered beginning with the completion of rehabilitative care. You are covered for up to 15 visits per benefit period.

Medication Management

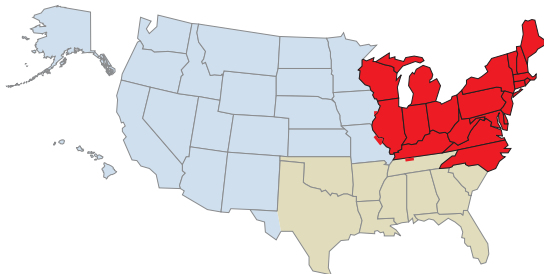
If you are taking prescription medications for a behavioral health care condition, you must be under the care of a provider who is authorized to prescribe those medications. Your provider will manage the dosage and duration of your prescription to ensure you are receiving the best care possible.

For additional information about covered and non-covered behavioral health care services, consult the handbook for your TRICARE program option or contact your regional contractor.



Accessing Care in the TRICARE North Region

The TRICARE North Region includes Connecticut, Delaware, the District of Columbia, Illinois, Indiana, Kentucky, Maine, Maryland, Massachusetts, Michigan, New Hampshire, New Jersey, New York, North Carolina, Ohio, Pennsylvania, Rhode Island, Vermont, Virginia, West Virginia, Wisconsin, and portions of Iowa (Rock Island Arsenal area only), Missouri (St. Louis area only), and Tennessee (Ft. Campbell area only).



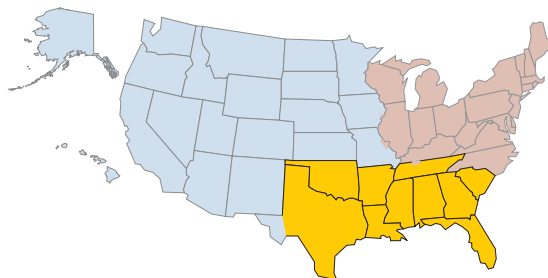
If you live in the TRICARE North Region, Health Net Federal Services, Inc. (Health Net) manages your behavioral health care benefit. Contact Health Net at 1-877-TRICARE (1-877-874-2273) or visit www.healthnetfederalservices.com for information or assistance in obtaining behavioral health care services. If you are a US Family Health Plan member, call 1-800-74-USFHP (1-800-748-7347) or visit www.usfamilyhealthplan.org.

Obtaining Prior Authorization

Your behavioral health care provider is responsible for obtaining prior authorization for behavioral health care beyond your initial eight outpatient visits and other behavioral health care services that require prior authorization. If your provider determines that continued care is necessary, he or she should complete a prior authorization request online using the Online Authorization and Referral Submission Tool at www.healthnetfederalservices.com, or complete a *TRICARE Service Request/Notification Form* and fax it to Health Net at 1-888-299-4181.

Accessing Care in the TRICARE South Region

The TRICARE South Region includes Alabama, Arkansas, Florida, Georgia, Louisiana, Mississippi, Oklahoma, South Carolina, Tennessee (excluding the Ft. Campbell area), and Texas (excluding the El Paso area).



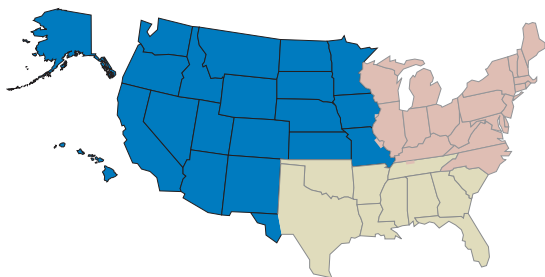
If you live in the TRICARE South Region, Humana Military Healthcare Services, Inc. (Humana Military) has partnered with ValueOptions to provide your behavioral health care benefit. Contact ValueOptions at 1-800-700-8646 for information or assistance in obtaining behavioral health care services. You can also contact Humana Military at 1-800-444-5445 or visit www.humana-military.com for more information. If you are a US Family Health Plan member, call 1-800-74USFHP (1-800-748-7347) or visit www.usfamilyhealthplan.org.

Obtaining Prior Authorization

Your behavioral health care provider is responsible for obtaining prior authorization for behavioral health care beyond your initial eight outpatient visits. If your provider determines that continued care is necessary, he or she should complete an *Outpatient Treatment Report* form, available at www.humana-military.com, and fax it to ValueOptions at 1-866-811-4422 for prior authorization.

Accessing Care in the TRICARE West Region

The TRICARE West Region includes Alaska, Arizona, California, Colorado, Hawaii, Idaho, Iowa (excluding the Rock Island Arsenal area), Kansas, Minnesota, Missouri (excluding the St. Louis area), Montana, Nebraska, Nevada, New Mexico, North Dakota, Oregon, South Dakota, Texas (the southwestern corner only, including El Paso), Utah, Washington, and Wyoming.



If you live in the TRICARE West Region, TriWest Healthcare Alliance Corp. (TriWest) manages your behavioral health care benefit. Contact TriWest at 1-888-TRIWEST (1-888-874-9378) or visit www.triwest.com for information or assistance in obtaining behavioral health care services. Select the Behavioral Health Portal from the navigation menu to locate a variety of resources for military service members, their families, providers, and military leaders 24 hours a day, seven days a week. If you are a US Family Health Plan member, call 1-800-74USFHP (1-800-748-7347) or visit www.usfamilyhealthplan.org.

Obtaining Prior Authorization

Your behavioral health care provider is responsible for obtaining prior authorization for behavioral health care beyond your initial eight outpatient visits. If your provider determines that continued care is necessary, he or she should complete a *Preauthorization for Outpatient Treatment Request*

form, available at www.triwest.com, and fax it to TriWest at 1-866-269-5892 or mail it to the nearest TriWest hub, which can be found by calling 1-888-TRIWEST (1-888-874-9378).

Accessing Care in the TRICARE Europe Region

TRICARE Europe includes Europe, Africa, and the Middle East.

TRICARE Area Office

Europe

Toll-free: 1-888-777-8343, option 1
Commercial: 49-6302-67-6312/6314
DSN: 496-6312/6314

Online behavioral health care information:
www.europe.tricare.osd.mil/main/mental_health

Referral and Authorization Requirements

All TOP active duty service and family members need to contact their PCM for nonemergency behavioral health care admissions. Active duty service members will receive authorization from the MTF for civilian inpatient care. Family members will receive authorization from TRICARE Europe. When care is not available in Europe, the nurse case managers will coordinate with Value Options to obtain care in a U.S. behavioral health care facility. At the time of discharge from a mental health facility in CONUS, it will be necessary to change enrollments if the patient is not returning to Europe.

TRICARE Global Remote Overseas

All active duty service members and family members need to contact their regional contractor to access both outpatient and inpatient behavioral health care. Authorization for care overseas will come from the contractor. If care is required in the United States, the nurse case managers will help coordinate the admissions.

TRICARE Overseas Program Prime Admissions

TRICARE Overseas Program (TOP) Prime beneficiaries must obtain prior authorization from TRICARE Europe Call Center for overseas nonemergency inpatient behavioral health care admissions. When required care is not available in Europe, you may be referred to a U.S. behavioral health care facility by ValueOptions.

TOP Standard Admissions

TOP Standard beneficiaries do not require authorization for overseas inpatient behavioral health care admissions. However, TRICARE Europe nurse case managers are available to help you with the admission process and can provide written authorizations to ensure your TRICARE claim is processed smoothly. If you require stateside inpatient admission, you must obtain authorization from the regional contractor where you will be hospitalized and file the claim in that region.

Accessing Care in the TRICARE Latin America and Canada Region

TRICARE Latin America and Canada (TLAC) includes Central and South America, the Caribbean Basin, Canada, Puerto Rico and the U.S. Virgin Islands.

TRICARE Area Office

Latin America and Canada

Toll-free: 1-888-777-8343, option 3

Commercial: 1-706-787-2424

DSN: 773-2424

Referral and Authorization Requirements

The same referral and authorization requirements apply to beneficiaries in the TLAC Region as for those in CONUS regions. See pages 2–4 for more information. All TOP Standard beneficiaries (except in Guantanamo Bay, Cuba) must contact ValueOptions at 1-800-700-8646 to obtain prior authorization for behavioral health care beyond the initial eight outpatient visits. Please review the following information if you are enrolled in TOP Prime, TRICARE Puerto Rico Prime, or TRICARE Global Remote Overseas.

Puerto Rico

Active duty referrals should be faxed to the TRICARE Puerto Rico Call Center at 1-800-788-1366 for authorization. Active duty service members may not self-refer for any behavioral health care and should contact the nearest MTF or the TRICARE Area Office

(TAO) for assistance. All other TRICARE Puerto Rico Prime beneficiaries should call the TRICARE Puerto Rico Call Center at 1-800-700-7104 for assistance.

Guantanamo Bay, Cuba

Active duty service members and active duty family members in Guantanamo Bay, Cuba, must seek all care from U.S. Naval Hospital Guantanamo Bay.

TRICARE Global Remote Overseas

(Central/South America, the Caribbean Basin and the U.S. Virgin Islands)

If receiving care at an MTF, prior authorization for care after your initial eight behavioral health care outpatient visits must be approved by a military provider. If not receiving care from an MTF, contact the TRICARE Global Remote Overseas (TGRO) Call Center at 1-800-834-5514 or the TAO. The *TLAC Outpatient Mental Health Form* must be completed by your behavioral health care provider and additional visits must be approved by the TAO prior to seeking further care. (Contact your TRICARE point of contact or the TAO to obtain this form.)

For assistance with obtaining inpatient behavioral health care, contact the TGRO Call Center at 1-800-834-5514.

Canada

Active duty and accompanying family members (enrolled or TRICARE-Prime eligible) should seek specialty care through their Canadian

Forces Health Facility (CFHF) per the reciprocal health care agreement. If care is not available at the local CFHF, all care will be obtained from a civilian provider or facility using Blue Cross coverage.

Accessing Care in the TRICARE Pacific Region

TRICARE Pacific includes Asia, Guam, Australia, New Zealand, and remote Western Pacific countries.

TRICARE Area Office
Pacific

Toll-free: 1-888-777-8343, option 4
Commercial: 011-81-6117-43-2036
DSN: 643-2036

Referral and Authorization Requirements

The same referral and authorization requirements apply to beneficiaries in the TRICARE Pacific Region as for those in CONUS regions. See pages 2-4 for more information. Most behavioral health care services are coordinated through an MTF, including care from host nation providers. If not receiving care from an MTF, TGRO enrollees should coordinate their behavioral health care through one of the TGRO Pacific Call Centers (in Sydney or Singapore). Contact your TSC or the TAO for further assistance.

Behavioral Health Care Sought in CONUS

When needed care is not available in the Pacific Region, you may be referred to a U.S. behavioral health care facility by ValueOptions.

ValueOptions provides authorization for all behavioral health care beyond the first eight outpatient visits for those Pacific Region beneficiaries seeking care in a CONUS facility. Contact ValueOptions at 1-800-700-8646 for information and assistance in obtaining CONUS behavioral health care services.

Active Duty Service Members Traveling in CONUS

ADSMs stationed overseas but traveling in the United States do not require pre-authorization for emergency and urgent care. All routine and specialty care (including nonemergency behavioral health care) should be obtained at an MTF while traveling in the United States.



For Information and Assistance

TRICARE North Regional Contractor

Health Net Federal Services, Inc.

1-877-TRICARE (1-877-874-2273)

www.healthnetfederalservices.com

TRICARE South Regional Contractor

Humana Military Healthcare Services, Inc.

1-800-444-5445

www.humana-military.com

ValueOptions

1-800-700-8646

TRICARE West Regional Contractor

TriWest Healthcare Alliance Corp.

1-888-TRIWEST (1-888-874-9378)

www.triwest.com

TRICARE Overseas

(TRICARE Europe, TRICARE Latin America and Canada, and TRICARE Pacific)

1-888-777-8343

TRICARE Prime Remote

Service Point of Contact (SPOC)

DoD: 1-888-647-6676

Coast Guard: 1-888-647-6676 or 1-800-942-2422

NOAA: 1-800-662-2267

USPHS: 1-800-368-2777, option 2

US Family Health Plan

A TRICARE Prime Option

1-800-74-USFHP (1-800-748-7347)

www.usfamilyhealthplan.org

DEERS—Verify and Update Information

1-800-538-9552

www.tricare.mil/DEERS